RI SOS Filing Number: 202069733440 Date: 10/26/2020 4:00:00 PM



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company Capron Properties, LLC				
424925	Capion					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Property	Property Management				
5. Principal office address 303 Jefferson Boulevard			City <b>Warwick</b>	State RI	Zip <b>02888</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:	<u> </u>	
Contact Name Steven Hamilton			Contact Title Member			
Street Address 303 Jefferson Boulevard			City <b>Warwick</b>	State RI	Zip <b>02888</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Steven Hamilton			Manager Name			
Street Address 303 Jefferson Blvd			Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND		1	1	1	
· · · · · · · · · · · · · · · · · · ·		e Office of the Secret	ary of State. Changes require	e filing Form 642.		
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**FILED** 

OCT 2 6 2020

| File Date \_\_\_\_\_\_
| Check No \_\_\_\_\_|
| By: \_\_\_\_\_|
| FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

ignature of Authorized Person

**Steven Hamilton** 

Print or Type Name of Authorized Person